



EMPLOYEE INFORMATION			
Last Name		First Name	
		Middle Name	
Person ID #		PERNR	
SELECT PROCESS TO BE COMPLETED USING THE OFF-CYCLE WORKBENCH			
<input type="checkbox"/>	Display payment history and print remuneration statements (Pay Stub) From (mm/dd/yyyy) To (mm/dd/yyyy)		
<input type="checkbox"/>	Reversal of payment		
<input type="checkbox"/>	Correction payroll runs	Wage Type (4)	Amount
<input type="checkbox"/>	Special Bonus runs	Wage Type (4)	Amount
<input type="checkbox"/>	On-Demand payments	Wage Type (4)	Amount
PERSONNEL DEPARMENT			
Personnel Department Authorized Signature <i>Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.</i>			
Authorized Name (Print)		Title	
Authorized Name Signature 		Telephone	Date
Form Submitted By			
Contact Name (Print)		Date	
Telephone	Fax	Email	
ACCOUNTING DEPARTMENT			
Accounting Department Authorized Signature <i>Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.</i>			
Authorized Name (Print)		Title	
Authorized Name Signature 		Telephone	Date
Form Submitted By			
Contact Name (Print)		Date	
Telephone	Fax	Email	

CHECK BOX IF ANY FORMS OR ADDITIONAL INFORMATION ARE ATTACHED (Identify Attachments)

- ☐ Other _____
☐ Other _____